Welcome to Mayo Clinic Total Rewards!

Congratulations on your benefits-eligible position at Mayo Clinic. We are excited to share the wide variety of benefits offered to you and your eligible family members. In reviewing this guide you will find Mayo Clinic’s total rewards program provides choice, flexibility, and affordability to meet your individual benefit needs.

Review this guide carefully and be sure to complete your online enrollment through the Employee Self-Service portal within 31 days of your date of hire or date of transfer into a benefits-eligible position and all benefits plans will be active on your first date of eligibility.

Contact HR Connect at 507-266-0440 or 1-888-266-0440 (toll-free) if you need enrollment assistance. When you call, you will need your employee ID and personal identification number (PIN) which you can obtain through Employee Self-Service by clicking “Need PIN.” You must call HR Connect to enroll in your benefits if you are:

- A current employee transferring into a benefits-eligible position
- A previous employee rehired into a benefits-eligible position
- Enrolling in a Flexible Spending Account

Visit HR Connect online to learn more about all of the total rewards available to you through Mayo Clinic.

Sincerely,
David Schuitema
Chair – Total Rewards
Mayo Clinic Human Resources
As a new benefits-eligible employee, you have 31 days from your hire date or employment status change date to complete your benefits enrollment. Use this checklist to guide you through the different decisions you'll need to make when you enroll.

### Choose a Medical Plan

| To learn more about medical plan options, including premium amounts, turn to page 3. | ☐ Mayo Premier | ☐ Add a family member under your Mayo Medical Plan |
| | ☐ Mayo Select | ☐ Provide Social Security numbers for eligible family members |
| | ☐ Mayo Basic | Mayo Clinic is required by law to submit plan participant Social Security numbers to the Internal Revenue Service to comply with the Affordable Care Act. |

### Choose a Dental and/or Vision Plan

| To learn more about dental and vision plan options, including premium amounts, turn to page 16. | ☐ Mayo Reimbursement Account (MRA) | ☐ Add a family member under your dental and/or vision plan |
| | ☐ Delta Dental | |
| | ☐ Vision Care Plan | |

### Elect a Pre-tax Savings Account

| Enroll in a Flexible Spending Account (FSA), turn to page 20. | ☐ Health Care FSA |
| | ☐ Dependent Care FSA |

### Retirement

| To learn more about retirement savings plans, turn to page 22. | ☐ Designate a beneficiary for the Mayo Pension Plan |
| | ☐ Designate a beneficiary for the Mayo 403(b)/401(k) Plan |
| | ☐ Re-hires contact Fidelity Investments to begin payroll contributions |

### Elect Voluntary Life Insurance

| Choose the life insurance plans that are right for you, turn to page 26. | ☐ Voluntary Group Universal Life Insurance | ☐ Designate a beneficiary for each coverage selected |
| | ☐ Cash Accumulation Fund | |
| | ☐ Family Life Insurance for your Spouse | |
| | ☐ Family Life Insurance for your Child(ren) | |
| | ☐ Voluntary Accidental Death and Dismemberment | |

Note: Some of the detailed information in this document does not pertain to unions as stated: The retirement savings plans (including 403(b)/401(k) and pension) do not apply to Albert Lea SEIU (general and maintenance), Austin USW-Service, Franklin Heating Station, and Mankato MNA. The Mayo Pension Plan and employer match in the Mayo 403(b) Plan do not apply to the Rochester SEIU unions. The Paid Time Off benefits do not apply to Albert Lea SEIU (general and maintenance), and Red Wing MNA. The Short-Term Disability benefits do not apply to Albert Lea SEIU (general and maintenance), and Red Wing MNA. The Identity Management Services, Professional Development Assistance Plan, and Mayo Clinic Dependent Scholarship do not apply to Albert Lea SEIU (general and maintenance), Albert Lea MNA, and Red Wing MNA. The Vision Plan does not apply to Albert Lea SEIU (general and maintenance) and Red Wing MNA.
ELIGIBILITY

Make sure you and your loved ones are covered.

You are a benefits-eligible employee if you are regularly scheduled to work at least half-time (40 hours) or more per pay period. “Regularly scheduled” means that you are on file with Human Resources as having a 0.5 full-time equivalent (FTE) or higher status. For example, a 0.4 FTE working extra hours does not qualify as “regularly scheduled.”

For family coverage, eligible family members include:

- Spouse
- Biological or legally adopted children, and stepchildren who are under age 26.
- Disabled children age 26 and older may be eligible for benefits. Contact HR Connect for more information on how to provide proof of disability.

You are not eligible to participate in the Mayo Basic plan if you or your spouse are:

- Covered under a health plan that is not a High-Deductible Health Plan (HDHP).
- Claimed as a dependent on another person’s federal tax return.
- A resident of Alabama, California, or New Jersey.
- Participating in a Health Care Flexible Spending Account.
- Participating in the Mayo Reimbursement Account (MRA).
- At least age 65 (or will turn 65 anytime during the plan year), or are otherwise Medicare-eligible.
Medical Plan Key Terms

**Premium** - The monthly amount you pay to be covered by the Mayo Medical Plan. The premium varies based on FTE and coverage level.

**Deductible** - The amount that you are responsible for each year before the plan begins to pay for covered services (with the exception of preventive care services, which are covered 100% by the medical plan based on age and frequency). Non-covered items do not count toward the deductible, and your deductible can vary by how many family members are covered and the networks your providers participate in. However, deductible amounts incurred in different network tiers will cross over and be counted in the other network tiers.

**Copayment** - This is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible.

**Coinsurance** - This is your share of the expense when the plan is paying a percentage. All three medical plan options will cover in-network services at 80% after meeting the deductible. Your coinsurance amount is 20% of allowed charges. Your provider may ask for this amount up front or you may be billed at a later time.

**Out-of-Pocket (OOP) Maximum** - The annual limit on your expenses for deductible, copayments and coinsurance. Like the deductible, your OOP Maximum will vary depending on how many family members are covered and the networks your providers participate in. After your expense has hit the OOP Maximum, the plan will pay 100% of covered services for the remainder of the calendar year.

You can enroll in one of the following health plan options under the Mayo Medical Plan:

Mayo Medical Plan options give you choice and flexibility. All Mayo Medical Plan options cover the same services, making it easy to compare plan options based only on your cost-sharing amounts.

<table>
<thead>
<tr>
<th>Premium</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest premium</td>
<td>Mid-range premium</td>
<td>Lowest premium</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest annual deductible. You pay for health care expenses until your annual deductible is met.</td>
<td>Mid-range annual deductible. You pay for health care expenses until your annual deductible is met.</td>
<td>Highest annual deductible. You pay for health care and prescription drug expenses until your annual deductible is met.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copayment</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will pay a copayment for emergency room visits and prescriptions.</td>
<td>No copayment is charged. However, you will pay for most health care and prescription drug expenses until your annual deductible is met.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>All three medical plan options include a 20% coinsurance for Tier 1 and Tier 2 in-network services. For Tier 3 out-of-network services, a 40% coinsurance applies.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest out-of-pocket maximum</td>
<td>Mid-range out-of-pocket maximum</td>
<td>Highest out-of-pocket maximum</td>
<td></td>
</tr>
</tbody>
</table>

When you reach your out-of-pocket maximum, the plan will pay for covered services at 100% for the remainder of the year.

Note: Covered medical services and prescription drug expenses are combined into one annual out-of-pocket maximum.
Medical Plan Premiums for 2017

Mayo Clinic reviews the costs of Mayo Medical Plan options annually. Medical premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts. If you choose benefit coverage, the appropriate pre-tax premium rate will be deducted from your paycheck.

<table>
<thead>
<tr>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
<td>Per Pay Period</td>
</tr>
<tr>
<td><strong>Full-Time Employee Premiums (0.75 -1.0 FTE)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$90</td>
<td>$45</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$175</td>
<td>$87.50</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$180</td>
<td>$90</td>
</tr>
<tr>
<td>Family</td>
<td>$270</td>
<td>$135</td>
</tr>
<tr>
<td><strong>Part-Time Employee Premiums (0.50 -0.74 FTE)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$135</td>
<td>$67.50</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$263</td>
<td>$131.50</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$271</td>
<td>$135.50</td>
</tr>
<tr>
<td>Family</td>
<td>$406</td>
<td>$203</td>
</tr>
</tbody>
</table>

Note: The premium is taken out of the first two pay periods per month, so the amount shown per pay period is taken out of your paycheck 24 times per year. The amount shown does not include the $50 per month spousal surcharge described below.

Spousal surcharge

A $50 pre-tax monthly surcharge will be charged to employees covering a spouse who is offered medical coverage through their employer, does not elect that coverage, and is instead covered under the Mayo Medical Plan. There are several instances where the spousal surcharge will not apply:

- Spouses who are not employed (or not employed in a benefits-eligible position)
- Spouses who are employed at Mayo Clinic
- Spouses who elect their employer’s coverage and enroll in Mayo’s plan as secondary coverage
- Retirees

The following questions will be asked as part of the enrollment to determine whether the spousal surcharge applies:

- Will you cover your spouse on the medical plan?
- Is your spouse employed outside of Mayo Clinic?
- Is your spouse offered medical coverage through their employer?
- Is your spouse enrolled in medical coverage through their employer?

Note: If spousal employment changes occur after Initial Enrollment, contact HR Connect.
Summary of benefits: A guide to compare coverage and costs

This table outlines what you would pay for covered services under each plan option. Health plan coverage is for specified medical services and prescription drugs. Cost-sharing is reflected in staff contributions through premiums, deductibles, coinsurance and/or copayments. Search “Summary Plan Description” on the HR Connect page for more detailed information and a list of each plan option’s benefit limitations and exclusions.

<table>
<thead>
<tr>
<th>Cost-sharing Amounts</th>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 In-Network</td>
<td>$300 per person</td>
<td>$450 per person</td>
<td>$800 per person</td>
</tr>
<tr>
<td>Tier 2 Expanded In-Network</td>
<td>$900 per person</td>
<td>$1,200 per person</td>
<td>$1,600 per person</td>
</tr>
<tr>
<td>Tier 3 Out-of-Network</td>
<td>$900 per person</td>
<td>$1,200 per person</td>
<td>$1,600 per person</td>
</tr>
<tr>
<td><strong>Employee (EE):</strong></td>
<td>$1,700</td>
<td>$1,900</td>
<td>$2,100</td>
</tr>
<tr>
<td><strong>EE+Child(ren):</strong></td>
<td>$3,400</td>
<td>$3,800</td>
<td>$4,200</td>
</tr>
<tr>
<td><strong>EE+Spouse:</strong></td>
<td>$3,400</td>
<td>$3,800</td>
<td>$4,200</td>
</tr>
<tr>
<td><strong>Family:</strong></td>
<td>$3,400</td>
<td>$3,800</td>
<td>$4,200</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$2,000 per person</td>
<td>$3,000 per person</td>
<td>$4,000 per person</td>
</tr>
<tr>
<td>Tier 1 In-Network</td>
<td>$4,000 per person</td>
<td>$4,500 per person</td>
<td>$5,500 per person</td>
</tr>
<tr>
<td>Tier 2 Expanded In-Network</td>
<td>$4,500 per person</td>
<td>$5,500 per person</td>
<td>$6,500 per person</td>
</tr>
<tr>
<td>Tier 3 Out-of-Network</td>
<td>$4,000 per person</td>
<td>$5,500 per person</td>
<td>$6,500 per person</td>
</tr>
<tr>
<td><strong>Employee (EE):</strong></td>
<td>$5,000</td>
<td>$6,000</td>
<td>$7,000</td>
</tr>
<tr>
<td><strong>EE+Child(ren):</strong></td>
<td>$10,000</td>
<td>$11,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>EE+Spouse:</strong></td>
<td>$10,000</td>
<td>$11,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Family:</strong></td>
<td>$10,000</td>
<td>$11,000</td>
<td>$12,000</td>
</tr>
</tbody>
</table>

Remember, the health plan pays a share of medically necessary services after the deductible has been met.
<table>
<thead>
<tr>
<th>Mayo Premier</th>
<th>Mayo Select</th>
<th>Mayo Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Primary care, express care, urgent care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Specialty care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. $0</td>
<td>a. $0</td>
</tr>
<tr>
<td></td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>See Preventive Care Services chart on page 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diagnostic Tests and Labs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Emergency transportation to nearest qualified facility (includes air ambulance when authorized)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Emergency room facility copayment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Professional services, diagnostic tests, and labs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. $0</td>
<td>a. $0</td>
</tr>
<tr>
<td></td>
<td>b. $75</td>
<td>b. $75</td>
</tr>
<tr>
<td></td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>$5,000 available every three years, includes related expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Prior authorization required by the plan for Tier 3 services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital and Ambulatory Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Rehabilitative Therapy, Chiropractic Care and Acupuncture Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Physical therapy (PT), Occupational therapy, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Chiropractic care Limit of 20 spinal manipulations per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Acupuncture Limit of 20 visits per year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mayo Premier

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home health care  (90-day limit per year)</td>
<td>a. 20%</td>
<td>a. 20%</td>
</tr>
<tr>
<td>b. Home infusion therapy</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td>c. Hospice care</td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td>d. Skilled nursing care facility (30-day limit per year)</td>
<td>d. 20%</td>
<td>d. 20%</td>
</tr>
</tbody>
</table>

### Mayo Select

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home health care  (90-day limit per year)</td>
<td>a. 20%</td>
<td>a. 20%</td>
</tr>
<tr>
<td>b. Home infusion therapy</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td>c. Hospice care</td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td>d. Skilled nursing care facility (30-day limit per year)</td>
<td>d. 20%</td>
<td>d. 20%</td>
</tr>
</tbody>
</table>

### Mayo Basic

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home health care  (90-day limit per year)</td>
<td>a. 20%</td>
<td>a. 20%</td>
</tr>
<tr>
<td>b. Home infusion therapy</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td>c. Hospice care</td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td>d. Skilled nursing care facility (30-day limit per year)</td>
<td>d. 20%</td>
<td>d. 20%</td>
</tr>
</tbody>
</table>

### Continued Care

**Note:** Custodial care not covered.

- a. Home health care
- b. Home infusion therapy
- c. Hospice care
- d. Skilled nursing care facility

### Maternity Care Services

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prenatal and postnatal visits</td>
<td>a. $0</td>
<td>a. 40%</td>
</tr>
<tr>
<td>b. Delivery, inpatient services</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
</tbody>
</table>

### Infertility Services

Office visits and outpatient or hospital procedures
Up to $15,000 lifetime maximum

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Specialty care visit</td>
<td>a. $0</td>
<td>a. 40%</td>
</tr>
<tr>
<td>b. Inpatient/outpatient</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td>c. Non-Residential Structured Treatment Program</td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td>d. Residential Structured Treatment Program</td>
<td>d. 20%</td>
<td>d. 20%</td>
</tr>
</tbody>
</table>

### Mental Health and Chemical Dependency Services

<table>
<thead>
<tr>
<th>Tier 1 In-Network</th>
<th>Tier 2 Expanded In-Network</th>
<th>Tier 3 Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Specialty care visit</td>
<td>a. $0</td>
<td>a. 40%</td>
</tr>
<tr>
<td>b. Inpatient/outpatient</td>
<td>b. 20%</td>
<td>b. 20%</td>
</tr>
<tr>
<td>c. Non-Residential Structured Treatment Program</td>
<td>c. 20%</td>
<td>c. 20%</td>
</tr>
<tr>
<td>d. Residential Structured Treatment Program</td>
<td>d. 20%</td>
<td>d. 20%</td>
</tr>
</tbody>
</table>

### Special Services

- a. Applied Behavior Analysis (ABA) Therapy
  - Prior authorization required
- b. Chemotherapy/radiation therapy
- c. Disposable supplies
- d. Durable, non-durable medical equipment
- e. Orthotics and prosthetics
- f. Tobacco cessation
- g. Tobacco Treatment Program

### Note

NC = Not covered
Annual total risk perspective

If you consider the three medical plan options from an annual total risk perspective, it can help you determine which plan option is right for you and your eligible dependents. The first chart assumes a full-time employee has single coverage only, and all expenses are covered services received from Tier 1 in-network providers.

The second chart includes the same information making the same assumptions, but for family coverage.

Both charts illustrate in teal the amount paid in premiums per year, which is the cost to have the coverage. Whether visiting the doctor many times or not at all, premiums are paid regardless, and deducted pre-tax from your paycheck.

The amount in blue indicates the deductible you must pay before the plan begins to pay.

For services provided after the deductible is met, you are responsible for 20% while the medical plan pays the other 80%. The green box also includes any prescriptions that you may have paid for as well. Once you’ve met your out-of-pocket maximum, the plan will pay 100% of covered services for the remainder of the year.

Keep in mind these charts show the total risk for each plan. Many covered staff members and their dependents do not reach their out-of-pocket maximum. Some may not even meet or pay any deductible, especially if they only seek preventive care services. We share this information to provide you with peace of mind should an unexpected event occur, or if you are a high utilizer of the medical plan. We believe providing you with the right service at the right time creates a strong benefits foundation to build on.
A little more information about the Mayo Basic Plan

Mayo Basic is a High-Deductible Health Plan, which is designed to give you a low-premium plan option while allowing you more control over how your health care dollars are spent. Mayo Basic works with a Health Savings Account (HSA) to meet this goal.

High-Deductible Health Plan

As its name implies, it’s a health plan that has a high deductible — the amount of medical expenses you must pay each year before the medical plan begins to pay. All covered services in the Mayo Basic plan are subject to the deductible, with the exception of in-network preventive services.

Please note: the IRS requires you to be enrolled in a high-deductible health plan for one full year.

Health Savings Account

If you enroll in the Mayo Basic plan, you become eligible for a Health Savings Account (HSA). The HSA, combined with the Mayo Basic plan, helps you meet your current health care needs while saving for future expenses. Your HSA is a savings account that is funded with pre-tax dollars via payroll contributions.

You may use the account to pay for both current and future qualified medical expenses as defined under the Internal Revenue Code. The account generally covers most medical care, dental services, vision care and prescription drugs. There is a 20% penalty for using a HSA for non-eligible expenses.

For additional details on HSAs, visit www.IRS.gov, and search for “health savings account” or view Publication 969 or 502.

You will enroll in the HSA with Fidelity. To complete the online application, go to www.NetBenefits.com, log on (or register if you are a first-time user), click on Open HSA link to open your HSA. You will receive a New Account Profile from Fidelity Personal Investments confirming your HSA application has been approved. Fidelity HSAs are subject to a quarterly $12 administrative fee.

Services provided in the 2017 plan year, but prior to the activation of your HSA account are not reimbursable with HSA dollars, but do go towards the deductible for the Mayo Basic plan.

Important Note: Mayo Basic participants are not eligible for the Mayo Reimbursement Account (MRA) but are eligible for Delta Dental. Participants are also eligible for the Vision Care Plan.

Health Savings Account 2017 annual contribution maximums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>2017 Federal Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$3,400</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$6,750</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$6,750</td>
</tr>
<tr>
<td>Family</td>
<td>$6,750</td>
</tr>
</tbody>
</table>

*If you are between the ages of 55 and 64, you can make an additional “catch-up” contribution of $1,000 each year to your HSA.

Additional features of an HSA:

- It is portable. If you leave Mayo Clinic or change medical plans, you can take this account with you to pay for future qualified expenses.
- You can contribute money into your HSA tax-free. The account is established at Fidelity Investments. Through Fidelity, you will have the ability to invest the money in the account and the earnings will always be tax-free as long as you use the money for a qualified medical expense.
- The balance in your HSA rolls over from year to year.
- It’s easy to use. Fidelity gives you several options of how to use the dollars in the account, including a debit card, a checkbook and an online bill-pay tool.
Provider networks

The Mayo Medical Plan provides you with a choice to go to an in-network or out-of-network provider to receive care. When you choose an in-network provider, the plan provides a higher level of benefits coverage, meaning lower costs for you. If you select an out-of-network provider, you will receive a reduced level of benefits and you will be subject to usual and customary charges. You can locate a provider by logging into [www.MayoClinicHealthSolutions.com](http://www.MayoClinicHealthSolutions.com) then clicking on the Health Plan menu and selecting the Find a Doctor tool.

<table>
<thead>
<tr>
<th>If the employee resides in...</th>
<th>Minnesota or Wisconsin</th>
<th>Arizona</th>
<th>Florida or Georgia</th>
<th>All other states of residency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>Minnesota &amp; Wisconsin Custom Network</td>
<td>Blue Cross Blue Shield of Arizona (BCBSAZ) Network. Except for adult services in: Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery</td>
<td>Custom PHCS Florida/Georgia Network</td>
<td>First Health Network</td>
</tr>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td>Health Solutions Supplemental Network Includes CIGNA Medical Group providers/service locations (applies to AZ only)</td>
<td>Health Solutions Supplemental Network</td>
<td>Health Solutions Supplemental Network</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>In Minnesota and Wisconsin: Select providers in the America’s PPO Network (APPO)</td>
<td>In Arizona: Adult services in Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery in the Blue Cross Blue Shield of Arizona (BCBSAZ) Network</td>
<td>In Florida and Georgia: Tier 2 PHCS providers not in Tier 1</td>
<td>National network access provided in Tier 1</td>
</tr>
<tr>
<td><strong>Expanded In-Network</strong></td>
<td>Outside Minnesota and Wisconsin: First Health Network</td>
<td>Outside Arizona: First Health Network</td>
<td>Outside Florida and Georgia: Zelis National Access Program</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td>Other licensed providers nationwide</td>
<td>Other licensed providers nationwide</td>
<td>Other licensed providers nationwide</td>
<td>Other licensed providers nationwide</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: You and your eligible family members will be responsible for any charges above usual, customary, and reasonable rates when receiving covered services out-of-network. Such payments will not count toward your deductible and/or out-of-pocket maximum.
Preventive care services: Designed to protect your health

To protect the health of you and your family, the Mayo Medical Plan covers specific preventive care services at no cost to you when:

- You visit a Tier 1 or Tier 2 provider. Preventive care services received from a Tier 3 out-of-network provider are not covered by the plan. You will be responsible to pay the full cost of services.
- Services are covered once a year unless otherwise noted.
- You receive the service(s) within the age and frequency limitations outlined in the chart below.

## Covered preventive care services

| All Ages | ■ BRCA risk assessment, counseling and genetic testing for women at higher risk for breast, ovarian, tubal or peritoneal cancer  
■ Breastfeeding comprehensive support and counseling for pregnant and nursing women  
■ Breast cancer preventive medications*  
■ Chlamydia and gonorrhea screening for women  
■ Contraceptives for women: devices, emergency (not including abortifacient drugs), female condoms (male condoms not covered) and oral*  
■ Folic acid supplements for women who may become pregnant*  
■ Hepatitis C virus infection screening for antibodies for all adults born during 1945-1965, one time screen  
■ HIV antibody screening  
■ Immunizations  
■ Non-hospital grade manual or electric breast pump and supplies once per pregnancy for pregnant and nursing women when purchased at a Durable Medical Equipment supplier  
■ Syphilis screening  
■ Tuberculin skin testing |
| --- | --- |
| Birth-6 years | ■ Autism screening between 0-2 years  
■ Expanded newborn screen (blood)  
■ Evoked otoacoustic emissions (EOAE) once at birth  
■ Fluoride Chemoprevention supplements for children without fluoride in their water source*  
■ Iron supplements for children between 6-12 months at risk for anemia*  
■ Lead level  
■ Pediatric vision screening |
| Birth-10 years | ■ Routine hearing exam |
| Birth-18 years | ■ Hemoglobin or hematocrit  
■ Well-baby/child care |
| Between 2-20 | ■ Dyslipidemia screening for children at higher risk of lipid disorders |
| Between 11-26 | ■ Human Papillomavirus (HPV) vaccination |
| Between 11-65 | ■ Annual well-woman gynecological services |
| Beginning at 18 | ■ Annual preventive service  
■ Diabetes (Type 2)/Glucose screening in patients with hypertension or a BMI of 25 kg/m2 or greater once every 3 years  
■ Sterilization |
| Beginning at 20 | ■ Lipid panel once every 5 years |

continued
## Covered preventive care services

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 21-65</td>
<td>- Cervical cancer screening for women <em>(papanicolaou smear)</em> every 3 years</td>
</tr>
<tr>
<td>Beginning at 30</td>
<td>- Human Papillomavirus <em>(HPV)</em> screening for women every 3 years</td>
</tr>
<tr>
<td>Beginning at 40</td>
<td>- Mammogram for women</td>
</tr>
<tr>
<td>Beginning at 45</td>
<td>- Diabetes <em>(Type 2)</em>/Glucose screening once every 3 years</td>
</tr>
<tr>
<td>Between 45-79</td>
<td>- Aspirin for men to prevent Cardiovascular Disease <em>(CVD)</em></td>
</tr>
<tr>
<td>Beginning at 50</td>
<td>- Colorectal Cancer Screen Options (one of the following):</td>
</tr>
<tr>
<td></td>
<td>- Fecal occult blood test annually <em>(series of three)</em> with flexible sigmoidoscopy every 5 years</td>
</tr>
<tr>
<td></td>
<td>- Barium enema and flexible sigmoidoscopy every 5 years</td>
</tr>
<tr>
<td></td>
<td>- CT colonography every 5 years</td>
</tr>
<tr>
<td></td>
<td>- Colonoscopy once every 10 years</td>
</tr>
<tr>
<td></td>
<td>- Cologuard DNA screening up to age 85</td>
</tr>
<tr>
<td></td>
<td>- Osteoporosis screen for women</td>
</tr>
<tr>
<td></td>
<td>- Prostate Specific Antigen <em>(PSA)</em> test for men up to age 75</td>
</tr>
<tr>
<td>Beginning at 55-79</td>
<td>- Aspirin for women when the potential benefit of a reduction in ischemic stroke outweighs the potential harm of an increase in gastrointestinal hemorrhage*</td>
</tr>
<tr>
<td>Beginning at 60</td>
<td>- Low-Dose Computed Tomography Lung Cancer screening for those with smoking history</td>
</tr>
<tr>
<td>Between 65-75</td>
<td>- Varicella-zoster <em>(shingles)</em> vaccine</td>
</tr>
<tr>
<td></td>
<td>- Abdominal aneurysm screen one time only for men</td>
</tr>
</tbody>
</table>

*Prescription required

---

**WHEN YOUR PREVENTIVE CARE TURNS DIAGNOSTIC**

If, in the course of a screening or test, your doctor diagnoses you with a health condition requiring treatment, the services you receive may no longer be considered "preventive." These services may be considered diagnostic and subject to deductible, coinsurance and/or copayments. In addition, any added tests beyond the age and frequency limits listed in the Covered Preventive Care Services chart will be subject to deductible and coinsurance.
Prescription drug coverage under your plan

Understand how each medical plan covers prescription drug costs

At Mayo Clinic, all medical plan options include a prescription plan benefit, which you receive without incurring an additional premium charge. There are some differences among the medical plan options, so carefully review plan information. Under Mayo Premier and Mayo Select, you will pay a copayment for selected products and coinsurance for all other covered medications. Under Mayo Basic, you will pay a deductible for all services, including prescription drugs, and when your deductible is met, you will pay coinsurance for covered medications.

The amount you pay will depend on the pharmacy you use to fill your prescription and the formulary tier of the prescription drug.

- The Mayo Clinic Pharmacy Mail Service generally gives you the highest benefit level and is appropriate for long-term maintenance prescription drugs.

- Mayo Clinic and Mayo Clinic Health System outpatient pharmacies generally give you a higher benefit level than OptumRx network pharmacies outside of Mayo.

- The Mayo Medical Plan contracts with the OptumRx network to offer you a national network of more than 65,000 pharmacies for coverage across the country. To locate a OptumRx network pharmacy, visit www.MayoClinicHealthSolutions.com.

- Prescriptions filled at pharmacies outside the Mayo or OptumRx networks are not covered, except in emergency situations.

- Mayo’s prescription drug coverage uses the Mayo Clinic Formulary in determining prescription drug coverage.

- The Mayo Clinic Formulary is an approved list of drugs recommended for use throughout Mayo Clinic.

- Prescriptions for medications not listed in the Mayo Clinic Formulary will have the highest coinsurance, regardless of the pharmacy you use.

- Drugs that are professionally administered may require prior authorization. To learn more visit www.MayoClinicHealthSolutions.com.

The Mayo Clinic Formulary is available online by visiting www.MayoClinicHealthSolutions.com. Click on the Members tab, then Member Forms and select Mayo Clinic Abridged Formulary under the Pharmacy section.

For detailed information regarding your pharmacy benefits, visit the HR Connect page on the intranet and search “Pharmacy.”

Specialty pharmaceuticals – prescription drug coverage

Under your pharmacy benefits you have access to the Mayo Clinic Specialty Pharmacy, offering pharmacy services to people who have certain chronic health conditions that require complex or long-term therapies. If you receive a prescription for a specialty medication, a representative from the Mayo Clinic Specialty Pharmacy will reach out to you by phone to encourage you to enroll and to walk you through the process.

The pharmacy team can help optimize your treatment by coordinating services with your health care provider. In addition, you can call 1-800-337-3736 (toll-free) to consult with knowledgeable pharmacists and staff if you have questions about the program or concerns about your specialty medications.

Note: Mayo Clinic and Mayo Clinic Health System outpatient pharmacies may not have all drugs listed on the Mayo Specialty Drug List in stock.

To learn more, contact the Mayo Clinic Specialty Pharmacy or visit: www.mayoclinic.org/specialty-pharmacy/.
A convenient service that saves you money

For your convenience, the Mayo Clinic Pharmacy offers a mail order service for filling prescriptions for maintenance medications. When you use this service, the Mayo Clinic Pharmacy will fill your prescription, charge the appropriate cost-sharing amount to your credit card, and mail the prescription directly to your home.

To sign up for this service, fill out the Mayo Clinic Pharmacy Mail Service registration form and send it, along with your prescription, to the address indicated on the form. Registration forms are available online at www.MayoClinicHealthSolutions.com, from Mayo Clinic Health Solutions Customer Service, and at Mayo Clinic Pharmacy locations. Once the pharmacy receives your prescription, you should receive your medication within 7 to 10 days. Shipping is free, unless you request overnight delivery. To order refills:

- Visit refill.MayoClinic.org and select Refill a Prescription.
- Call the Mayo Clinic Pharmacy refill line at 1-800-445-6326 (toll-free) and select the "mail order option."

Please note: The refill website and phone line are only available for prescriptions that have been previously filled by the Mayo Clinic Pharmacy Mail Service or one of the outpatient pharmacies in Arizona, Florida or Rochester. See the Summary Plan Description for more information on your mail order benefits.
AIR AMBULANCE BENEFIT AVAILABLE FOR ALL MAYO MEDICAL PLAN MEMBERS

Mayo Clinic offers you and your covered dependents access to air ambulance services when you travel more than 150 miles from your home. This service provides access to transportation to a Mayo Clinic facility at no cost to you, when approved by the plan.

If you are a member of the Mayo Medical Plan, this worldwide medical evacuation service is available to you 24/7 with bedside-to-bedside service provided from the transferring facility to a Mayo Clinic facility.

To request air transportation service, call the Ask Mayo Clinic nurse line at 1-888-288-1881 (toll-free) or 00-1-507-288-6000 internationally. These numbers are on your medical plan member identification card. Your needs will be assessed and, if air transport is approved, all necessary arrangements will be made for you.

WELLNESS

Mayo Clinic is committed to fostering a workplace that embraces and promotes holistic personal and organizational well-being. We promote health and wellness to our employees, by providing a variety of tools and resources designed to address the everyday needs in the areas of physical, mental, emotional, and spiritual health. Across the enterprise you will see various programs and resources offered, anywhere from on-site fitness and wellness facilities to online tools. The program below is available to Mayo Medical Plan participants at no additional cost.

Ask Mayo Clinic

1-507-288-6000 or 1-888-288-1881 (toll-free)

Ask Mayo Clinic is a 24-hour nurse line staffed by registered nurses who can provide quick and convenient access to reliable health information that can help you avoid an emergency room visit. Additionally, the staff can provide you with connections to other telephonic programs.
As with health care coverage, Mayo Clinic offers a choice in dental and vision plans, providing flexibility in your benefits package. Carefully review the information to understand the coverage differences.

Mayo Reimbursement Account (MRA)

The Mayo Reimbursement Account (MRA) is a reimbursement account that Mayo Clinic contributes to on an annual basis. You can use the dollars in the account to reimburse yourself for eligible dental and vision expenses incurred by you and your enrolled dependents. The annual contribution from Mayo Clinic is $1,150 if eligible in the month of January; for all other eligibility months the contribution is prorated. If you do not spend the funds in your account, they will roll-over from year to year as long as you remain enrolled. In January, no more than $3,850 of your current balance will be rolled-over to allow the full $1,150 contribution to be added. The maximum balance amount of the MRA is $5,000.

When you participate in the MRA, you have the flexibility to choose any dental and vision care provider. You will pay your provider at the time you receive services and submit a claim for reimbursement through Mayo Clinic Health Solutions (see page 21 for more information about claims submission).

### Mayo Reimbursement Account (MRA)*

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Deductible</th>
<th>Annual Contribution</th>
<th>Preventive (exams/cleaning)</th>
<th>Basic Services</th>
<th>Major Restorative Services (crowns/inlays)</th>
<th>Lifetime Orthodontic Maximum (paid by plan)</th>
<th>Vision Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>$1,150 per calendar year</td>
<td>$0 after reimbursement*</td>
<td>$0 after reimbursement*</td>
<td>$0 after reimbursement*</td>
<td>$1,500 per individual per lifetime</td>
<td>$0 after reimbursement*</td>
</tr>
</tbody>
</table>

* Results in $0 employee responsibility when services are reimbursed with MRA dollars.

### Prorated allotment of MRA dollars for new hires and newly benefits-eligible employees:

<table>
<thead>
<tr>
<th>Month of Eligibility</th>
<th>MRA Proration Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$1,150.00</td>
</tr>
<tr>
<td>February</td>
<td>$1,054.17</td>
</tr>
<tr>
<td>March</td>
<td>$958.33</td>
</tr>
<tr>
<td>April</td>
<td>$862.50</td>
</tr>
<tr>
<td>May</td>
<td>$766.66</td>
</tr>
<tr>
<td>June</td>
<td>$670.83</td>
</tr>
<tr>
<td>July</td>
<td>$574.99</td>
</tr>
<tr>
<td>August</td>
<td>$479.16</td>
</tr>
<tr>
<td>September</td>
<td>$383.33</td>
</tr>
<tr>
<td>October</td>
<td>$287.50</td>
</tr>
<tr>
<td>November</td>
<td>$191.67</td>
</tr>
<tr>
<td>December</td>
<td>$95.83</td>
</tr>
</tbody>
</table>
Delta Dental

The Delta Dental plan is a traditional cost-sharing plan with a participating provider network in which you pay a premium based on who is enrolled in the plan. Preventive exams are covered 100% by the plan twice per year. A deductible and coinsurance applies for basic and major services.

When you select Delta Dental, you have two provider networks options: Delta PPO® and Delta Dental Premier®. When you choose a dentist that participates in the Delta Dental PPO network, you receive the highest cost savings on services due to negotiated rates for services, which means your out-of-pocket costs are lowered. Delta Dental Premier network also provides network savings, which can lower your out-of-pocket costs, but the negotiated rates do not provide the same level of discount as the PPO network.

### Delta Dental

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50 per person / $150 per family</td>
</tr>
<tr>
<td>Annual Maximum (paid by plan)</td>
<td>$1,000 per person per calendar year</td>
</tr>
<tr>
<td>Preventive (exams/cleaning)</td>
<td>$0</td>
</tr>
<tr>
<td>Basic Services</td>
<td>20%</td>
</tr>
<tr>
<td>Major Restorative Services (crowns/inlays)</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum (paid by plan)</td>
<td>$1,500 per individual per lifetime</td>
</tr>
<tr>
<td>Vision Expenses</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Note: This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Mayo Dental “Plus” Plan Summary Plan Descriptions.

Vision Care Plan

The Vision Care Plan is voluntary for you to enroll in and can assist with the cost of eye exams, lenses, frames, and contact lenses. The plan is administered by Avesis, a national leading vision plan provider with more than 48,000 points of access to provide convenience and choice.

The plan design includes copays for in-network coverage and reimbursements (up to plan limits) for out-of-network coverage. Since you receive plan benefits regardless of the network status of the provider, you have greater choice and flexibility in seeking vision care.

As with any benefit offering, you are encouraged to review the cost and coverage for the Vision Care Plan to determine if it is right for you and your family members. If you choose to enroll in the Vision Care Plan, it can work together with the Mayo Reimbursement Account (MRA), Flexible Spending Account (FSA), and Health Savings Account (HSA). This allows you to stretch your vision benefit dollars as you can submit any leftover expenses for reimbursement through these accounts.

If you choose not to enroll in the Vision Care Plan, you can still submit eligible vision expenses to other Mayo Clinic benefit plans.

**Important note:** Mayo Clinic Optical is out-of-network under the Vision Care Plan. You can seek care at Mayo Clinic Optical and take advantage of the plan’s out-of-network reimbursement amounts.

**Example:** Judy enrolls in the Vision Care Plan and is also enrolled in the MRA. When Judy receives her vision exam from an in-network provider, she’ll pay a $10 copay for the exam, and the remaining cost will be covered in full by the Vision Care Plan. She then purchases a pair of spectacle lenses and frames, and pays a $25 copay for the purchase of the materials. Additionally, the Vision Care Plan provides a $150 allowance for the purchase of frames.
If Judy had seen an out-of-network provider, she would have received reimbursements according to the chart below for the exam and materials rather than paying the copays.

Any out-of-pocket expenses that Judy incurred are eligible for reimbursement through the Mayo Reimbursement Account (MRA), Health Care Flexible Spending Account (FSA), and Health Savings Account (HSA), if enrolled.

### Vision Care Plan In-Network Coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Dollars</th>
<th>Frequency</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Copay</td>
<td>$10</td>
<td>Once per 12 months</td>
<td>Includes case history, refraction evaluation, and diagnosis and treatment plan</td>
</tr>
<tr>
<td>Material Copay – Spectacle Lenses*</td>
<td>$25</td>
<td>Once per 12 months</td>
<td>Includes single vision, bifocal, trifocal, level 1 and 2 progressive lenses, and enhanced lens options</td>
</tr>
<tr>
<td>Material Copay – Frames</td>
<td></td>
<td>Once per 24 months</td>
<td>Pay one copay if purchasing both lenses and frames at same time</td>
</tr>
<tr>
<td>Frames Allowance</td>
<td>$150</td>
<td>Once per 24 months</td>
<td>Includes product up to $150 retail value at most optical centers (less at discount retailers)</td>
</tr>
<tr>
<td>Contact Lenses Allowance**</td>
<td></td>
<td>Once per 12 months</td>
<td></td>
</tr>
</tbody>
</table>

### Vision Care Plan Out-of-Network Coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Dollars</th>
<th>Frequency</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Reimbursement</td>
<td>$45</td>
<td>Once per 12 months</td>
<td>Includes case history, refraction evaluation, and diagnosis and treatment plan</td>
</tr>
<tr>
<td>Material Reimbursement – Spectacle Lenses*</td>
<td>$25 single, $45 bi-focal, $60 tri-focal</td>
<td>Once per 12 months</td>
<td>Member reimbursed for spectacle lenses based on type of lenses listed</td>
</tr>
<tr>
<td>Material Reimbursement - Frames</td>
<td>$65</td>
<td>Once per 24 months</td>
<td>Member reimbursed for either, up to dollar amounts listed</td>
</tr>
<tr>
<td>Contact Lenses Reimbursement**</td>
<td>$130</td>
<td>Once per 12 months</td>
<td></td>
</tr>
</tbody>
</table>

*Lens package includes adult polycarbonate, standard scratch-resistant coating, ultra-violet screening, solid or gradient tint, standard antireflective coating, level 1 and 2 progressives.

**In lieu of spectacle lenses and frames
Dental and vision plan premiums for 2017

Dental and vision premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts. If you choose benefit coverage, the appropriate pre-tax premium rate will be automatically deducted from your paycheck.

<table>
<thead>
<tr>
<th>Mayo Reimbursement Account (MRA)</th>
<th>Delta Dental</th>
<th>Vision Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be elected with Vision Care Plan, but not Delta Dental</td>
<td>Can be elected with Vision Care Plan, but not MRA</td>
<td>Can be elected with MRA or Delta Dental</td>
</tr>
<tr>
<td><strong>Full-Time Employee Premiums (0.75 - 1.0 FTE)</strong></td>
<td><strong>Full-Time Employee Premiums (0.75 - 1.0 FTE)</strong></td>
<td><strong>Full-Time Employee Premiums (0.75 - 1.0 FTE)</strong></td>
</tr>
<tr>
<td>Employee</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Family</td>
<td>$4</td>
<td>$2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Part-Time Employee Premiums (0.50 - 0.74 FTE)</strong></th>
<th><strong>Part-Time Employee Premiums (0.50 - 0.74 FTE)</strong></th>
<th><strong>Part-Time Employee Premiums (0.50 - 0.74 FTE)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Family</td>
<td>$4</td>
<td>$2</td>
</tr>
</tbody>
</table>

Note: The premium is taken out of the first two pay periods per month, so the amount shown per pay period is taken out of your paycheck 24 times per year.

If you are enrolling in the Mayo Basic medical plan option

Mayo Basic plan participants can participate in the Delta Dental plan or Vision Care Plan, but are not eligible for the MRA.

Dual coverage

Mayo employees who are married to each other and covered under the Mayo benefits program may choose either plan for dental coverage. If couples elect to have coverage under both plans, you are required to use Delta Dental as your primary plan. If double coverage is desired under the MRA, all eligible dependents will be required to be enrolled in both MRA plans to ensure coverage. There is coordination of benefits for both dental plan options. Double coverage is not allowed under Delta Dental or the Vision Care Plan.

Orthodontic coverage

Both Delta Dental and the MRA have an orthodontic benefit. Once you have reached the $1,500 per person, per lifetime orthodontic benefit regardless of your dental plan, you will not be eligible for additional orthodontic benefits, even if you change your dental plan.
A Flexible Spending Account (FSA) is a voluntary pre-tax savings account that can help you stretch your benefit dollars. Participation in a FSA allows you to set aside pre-tax dollars to help pay for eligible expenses incurred by you or your eligible family members*. The minimum annual contribution amount is $130. Your annual election is divided by the number of pay periods remaining in the calendar year to get the per pay period deduction amount. You must re-enroll each year you want to participate.

If you decide to participate in a FSA, it is important to base your contribution amount on your best estimate of expenses for the upcoming calendar year. You may request reimbursement for eligible expenses incurred between the date of eligibility and the end of the calendar year. Claims may be submitted up to March 31 of the following year.

*Eligible family members are defined as persons who qualify as a dependent on your federal tax returns. You may not file claims for non-tax dependents.

Health Care Flexible Spending Account

If you choose a Health Care FSA, your entire contribution amount is available immediately to pay for eligible health care expenses including but not limited to: deductible, copayments, coinsurance, dental, and vision expenses. Over-the-counter medications are not considered an eligible expense for FSA reimbursement, unless prescribed by a physician or for insulin. For examples of eligible expenses, please utilize IRS Publication 502. The maximum annual contribution for the Health Care FSA is $2,550 per employee.

Use it or roll it over. Up to $500 of your unused Health Care FSA balance can be carried over into the following plan year - making enrollment in an FSA much less risky. Any remaining balance above $500 will be forfeited.

To be eligible for roll-over you must re-enroll in the Health Care FSA for the following year ($5 minimum per pay period). The roll-over amount does not count towards the IRS maximum annual contribution.

Dependent Care Flexible Spending Account

A Dependent Care FSA is used to pay for certain expenses to care for dependents who live with you. Most commonly, a Dependent Care FSA is used to pay for child care up to age 13; however, it can also be used to pay for care for another dependent living with you (such as a spouse or parent) who is physically or mentally incapable of self-care. The maximum annual contribution for the Dependent Care FSA is $5,000 per household. Expenses must be employment-related, which means they are necessary to allow you (and your spouse, if married) to work. With this account, no rollover is allowed, so funds must be used for current year expenses.

Expenses that would qualify under the Internal Revenue Code include:
- In-home dependent care
- Nursery schools
- Day care centers
- Other child/adult care providers

Easy and convenient access to your Flexible Spending Accounts

Convenient access to your benefits include:
- An option for either direct deposit or check reimbursement directly to you
- 24/7 access to your account online, including online claim submission
- Mayo Clinic Health Solutions mobile app providing on-the-go access to your account information, including the ability to submit claims and receipts
- Debit card available for prescription drug expenses
How Does a Reimbursement Account Work?

For Mayo Reimbursement Account (MRA), Health Care Flexible Spending Account, or Dependent Care Flexible Spending Account

1. Enroll in your reimbursement account
2. Choose your contribution amount (FSA only)
3. Incur eligible expenses
4. Pay for eligible expenses
5. Complete a reimbursement account claim (claims are submitted automatically when you use the Health Care FSA prepaid benefits card to pay for prescription drugs)
6. Attach documentation for your claim
7. Submit your claim
8. Track your account balances

How do the plans fit together?

Based on the coverage information shared on the Mayo Medical Plan, dental plan and vision options, and pre-tax savings accounts, here’s how the benefit plans can be elected together.

<table>
<thead>
<tr>
<th>Mayo Reimbursement Account</th>
<th>Delta Dental</th>
<th>Vision Care Plan</th>
<th>Health Savings Account</th>
<th>Health Care Flexible Spending Accounts</th>
<th>Dependent Care Flexible Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Basic</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Mayo Select</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Mayo Premier</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

When you incur eligible expenses, you will need to complete a claim and submit it for reimbursement. If you use the prepaid benefits card to pay for prescription drugs, a claim is submitted automatically.

For your convenience, we offer three choices for completing and submitting claims:

- The Mayo Clinic Health Solutions-Reimbursement mobile app.
- Online through the Reimbursement Accounts portal when you sign in to your account at www.MayoClinicHealthSolutions.com.
Defined Benefit Plan - Pension Plan

The Mayo Pension Plan is an employer sponsored defined benefit plan which rewards employees for long service. Contributions to the plan are made by Mayo Clinic, not by you. Your pension payment can be predicted because it is determined by a formula rather than by investment results.

Vesting Information
To receive a pension benefit, you must be vested in a plan. Vesting means you have achieved one of two vesting schedules and are entitled to your earned pension benefit when your employment with Mayo Clinic ends. If you leave Mayo Clinic after becoming vested, you have the option to take your benefit as a monthly payment or in a lump sum. Vesting requirements are age 28 or older with three years of pension benefit service; or age 21 or older with five years of vesting service and some pension benefit service.

Pension Plan Formula
The Mayo Pension Plan uses an Annual Accumulation formula to determine your benefit, which evaluates your salary and service (hours worked) on an annual basis to calculate your earned monthly benefit.

Example: An individual becomes eligible for the Mayo Pension Plan on January 1, 2017. In 2017, this person earns an annual salary of $48,000, or $4,000 in monthly compensation. Since this person is a 1.0 FTE they earn 1 year of pension benefit service. Part-time employees would receive a partial year of pension benefit service. Next we subtract the covered compensation offset which accounts for part of your retirement income being provided by Social Security. It is equal to: the lesser of your monthly compensation or the Social Security Wage Base times 0.6 percent times your pension benefit service. The end result for 2017 for this employee is $56, which is payable as a life only annuity beginning at age 65.

You can see in the example below how this formula works in the next two years as the employee’s salary increases.

An Example - Annual Accumulation Pay Formula – Full-Time Employee (FTE 1.0)

<table>
<thead>
<tr>
<th>Monthly Compensation</th>
<th>Pension Percentage</th>
<th>Covered Compensation Offset</th>
<th>Benefit payable each month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pension Benefit Service x 2%</td>
<td>at age 65 in a life only annuity</td>
<td></td>
</tr>
<tr>
<td>2017 $4,000</td>
<td>x 1.0 x 0.02</td>
<td>– $4,000 x 0.006 x 1.0</td>
<td>= $56</td>
</tr>
<tr>
<td>2018 $4,300</td>
<td>x 1.0 x 0.02</td>
<td>– $4,300 x 0.006 x 1.0</td>
<td>= $60.20</td>
</tr>
<tr>
<td>2019 $4,600</td>
<td>x 1.0 x 0.02</td>
<td>– $4,600 x 0.006 x 1.0</td>
<td>= $64.40</td>
</tr>
</tbody>
</table>

This annual calculation will be done each year going forward for eligible employees. Upon retirement, each year’s benefit would be added together to get the total life only annuity.

Life Only Annuity Example

Full-Time Employee - Retire on December 31, 2019 at age 65

$56 benefit earned in 2017 $60.20 benefit earned in 2018 $64.40 benefit earned in 2019 = $180.60 per month payable for life
Pension Payment Options

Single Life Annuity
- Monthly payment to you for the rest of your life
- No further payments after your death

Life Annuity with Term Certain
- Monthly payment to you for the rest of your life
- If you die prior to the certain period ending, the benefit is paid to your beneficiary for the remainder of the certain period (5 years, 10 years, or 15 years)

Joint and Survivor Annuity
- Monthly payment to you for the rest of your life
- Upon your death, a percentage of your payment is paid to your designated survivor for the rest of their life (50%, 75%, or 100%)
- If your survivor pre-deceases you, no benefit is payable after your death

Joint and Survivor Annuity with Term Certain (combo)
- Monthly payment to you for the rest of your life
- If both you and your survivor die before the certain period ending, the remaining payments will be paid to a beneficiary until the end of the certain period

Lump Sum
- Entire benefit payable in one lump sum payment with no further amount due
- Based on interest rates and life expectancy subject to IRS guidelines
- Can be distributed as cash or rollover into a qualified retirement account

Online Resource: Your Pension Estimator

Your Pension Estimator is available to pension eligible employees a few weeks after your eligibility date. This tool will assist you in retirement planning by allowing you to estimate your future pension at a retirement date of your choosing.

https://client.sbcsystems.com/MAYOPRODess/

The first time you enter the site, click on the Register tab to create a username and password. Enter the requested information to create your account (Note: Your information is secure and used for identification purposes only). You will be prompted to create a username and password once your data is verified.

Once in Your Pension Estimator tool, there are several resources to assist you including a Tutorial on using the tool, Facts and Questions and a Glossary. They can be found under Resources on the right-hand side of the page. After you run your first estimate of benefits, you will see a Description of Forms of Payment document on the Estimate Details page. This form will walk you through a description of each form of payment to help you in making your retirement election.
Know the different types of service related to your benefits:

**Continuous service** is a period of unbroken service from hire date to termination by an employee who works at least half time (.5 FTE) in regular employment. Continuous service is coupled with age to determine when an employee is eligible to retire.

**Vesting service** is used to determine if an employee has a right to a benefit in the Mayo Pension Plan and also in the employer match in the 403(b)/401(k) plans. Vesting service is all service with Mayo Clinic and all affiliates, excluding any service before the person reaches age 18. A year of vesting service is completed when the person completes 1,000 hours of service during a calendar year.

**Pension benefit service** is the total number of years and partial years of service spent in covered employment under the Mayo Pension Plan. You receive one year of pension benefit service for each full plan year in which you work at least 2,000 hours in covered employment and a partial year if you work at least 1,000 hours. You must be at least 21 years old to earn benefit service. Pension benefit service is used in the formula to determine the amount of benefit that is accrued each year.

### Defined Contribution Plan - 403(b)/401(k)

Mayo Clinic offers benefits-eligible employees the opportunity to invest pre-tax or post-tax Roth dollars to an investment plan administered through Fidelity Investments. **You will be automatically enrolled in a Fidelity Freedom Fund account at a 4 percent contribution of your bi-weekly salary after 45 days. Rehires are not auto-enrolled and must contact Fidelity Investments to begin contributions.** You may opt out of this plan at any time.

There are many investment options to choose from, including a self-directed brokerage account. You may generally defer up to 50 percent of your salary per pay period, up to the annual IRS limit. The 2017 IRS limits are $18,000 or $24,000 annually if you are age 50 or over.

### Financial Engines

Asset management services are also available through Financial Engines, LLC and **you are automatically enrolled.** The first $5,000 invested is managed at no charge. When your account balance is $5.00, funds are allocated from the Fidelity Freedom Fund and diversified through Financial Engines. You may opt out of this service at anytime and allocate your funds on your own.

### Employer Match Information

Mayo Clinic will also match up to the first 4 percent of your contributions (on a per pay period basis) based on your pension benefit service as shown in the chart below. Matching will increase at intervals to recognize longevity at Mayo Clinic. You become vested in the Mayo Clinic matching contributions after you’ve earned three years of vesting service.

<table>
<thead>
<tr>
<th>Length of pension benefit service</th>
<th>Mayo Clinic match (%)</th>
<th>Example match based on pension benefit service</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>50% on the first 4% of employee contribution</td>
<td>$1.00 employee contribution $0.50 Mayo match</td>
</tr>
<tr>
<td>20-29</td>
<td>75% on the first 4% of employee contribution</td>
<td>$1.00 employee contribution $0.75 Mayo match</td>
</tr>
<tr>
<td>≥30</td>
<td>100% on the first 4% of employee contribution</td>
<td>$1.00 employee contribution $1.00 Mayo match</td>
</tr>
</tbody>
</table>

**Example:** An employee with 2 years of pension benefit service contributes 4% of their $40,000 salary into their 403(b)/401(k) plan each pay period. What would their match amount be? This employee would contribute **$61.54** per pay period to their 403(b)/401(k) plan. Mayo will match 50% of this or **$30.77.**
PAID TIME OFF

Paid Time Off (PTO) includes vacation time, holidays, personal time and the waiting period for short-term disability benefits. PTO is accrued each pay period based on the actual number of hours that an employee works.

Unused PTO time rolls over from year to year but the maximum amount of PTO that you can have in your accrual bank is 1.5 times your annual accrual amount. For example, a non-exempt employee who has worked for Mayo Clinic for three years and who works a 40 hour week, can hold up to a maximum of 42 days or 336 hours in their PTO bank before they will need to use some of that time in order to accrue additional hours.

Short-Term, Long-Term Disability

Benefits-eligible employees are covered by a Short-Term Disability (STD) plan that replaces a portion of their income when they are medically unable to work due to a serious health condition. The first week of disability is a waiting period during which disability benefits are not paid. You can use PTO to satisfy the wait period while you are medically unable to work before STD benefits begin. Following the waiting period you may be eligible to receive a benefit based on your non-exempt or exempt status.

After 13 weeks of being medically unable to work, participants are eligible to apply to receive a Long-Term Disability benefit of 65 percent of their salary.

Both Short- and Long-Term Disability coverage is provided by Mayo Clinic with no premium cost to the employee.

PTO Accrual Levels (1.0 FTE)

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Non-exempt (hourly)</th>
<th>Exempt (salary)</th>
<th>Patient Care RN*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PTO in days</td>
<td>PTO in hours</td>
<td>PTO in hours per pay period</td>
</tr>
<tr>
<td>0</td>
<td>23</td>
<td>184</td>
<td>7.08</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>224</td>
<td>8.62</td>
</tr>
<tr>
<td>10</td>
<td>33</td>
<td>264</td>
<td>10.15</td>
</tr>
<tr>
<td>15</td>
<td>35</td>
<td>280</td>
<td>10.77</td>
</tr>
<tr>
<td>20+</td>
<td>38</td>
<td>304</td>
<td>11.69</td>
</tr>
<tr>
<td></td>
<td>PTO in days</td>
<td>PTO in hours</td>
<td>PTO in hours per pay period</td>
</tr>
<tr>
<td>0</td>
<td>28</td>
<td>224</td>
<td>8.62</td>
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<td>2</td>
<td>33</td>
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</tr>
<tr>
<td>10</td>
<td>35</td>
<td>280</td>
<td>10.77</td>
</tr>
<tr>
<td>15+</td>
<td>38</td>
<td>304</td>
<td>11.69</td>
</tr>
</tbody>
</table>

Short-Term Disability Benefit Levels (1.0 FTE)

<table>
<thead>
<tr>
<th>Category</th>
<th>Completed Years of Service</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-exempt full-time</td>
<td>0-5</td>
<td>120 hours at full pay plus 400 hours at half pay</td>
</tr>
<tr>
<td>Non-exempt full-time</td>
<td>5+</td>
<td>520 hours at full pay</td>
</tr>
<tr>
<td>Exempt full-time</td>
<td>0+</td>
<td>520 hours at full pay</td>
</tr>
<tr>
<td>Patient Care RN full-time*</td>
<td>0+</td>
<td>520 hours at full pay</td>
</tr>
</tbody>
</table>

*All non-supervisory RN staff (excluding Arizona and Florida) with positions that require all of the following: RN education, active RN license, and competency to provide direct patient care that impacts patient clinical outcomes. This excludes Directors, Supervisors, Managers, Advanced Practice RNs, Staff Educators, and those who do not have direct patient care.
Mayo Clinic understands the importance of protecting your family when the unexpected occurs. Life Insurance is a part of the protection that will help bring peace of mind to your family and includes:

**Employer Paid Life Insurance**

Employer Paid Life Insurance pays benefits to your designated beneficiaries in the event of your death for any cause. Employer Paid Life Insurance pays a benefit of three times your annual salary. Mayo Clinic pays the full cost of coverage for the Employer Paid Life Insurance.

**Voluntary Group Universal Life Insurance**

This insurance pays benefits to your designated beneficiaries in the event of your death for any cause. You may purchase Group Universal Life (GUL) insurance equal to one or two times your annual salary. You may also apply for life insurance equal to three, four, five, or six times your annual salary by providing Evidence of Insurability to Prudential. This process can be initiated by completing an e-Request on the “life insurance” article in HR Connect, or by calling HR Connect. You may cancel the amount of your GUL coverage at any time.

You pay the cost for any GUL coverage in which you enroll. The monthly cost for each $1,000 of GUL coverage is based on your age. Your premium amount is calculated as if your age changes on January 1 of each year. However, if you are age 65 or older, it is assumed your age changes on the first of the month following your birthday.

**An Example**

Assume you are age 32, your annual salary is $30,000, and you are enrolled in GUL coverage for one times the amount of your annual salary. First divide $30,000 by $1,000 equals 30. Now, multiply 30 times your monthly cost per $1,000 of coverage at age 32, which is $0.063. The monthly cost is $1.89 (30 x $0.063).

**How can I calculate what my monthly premium will be for Voluntary Group Universal Life insurance?**

Here is a formula you can use to calculate your monthly premium:

\[
\text{Your monthly cost based on age} \times \frac{\text{annual salary rounded to next thousand, divided by 1000}}{\text{amount per chart}} = \text{monthly premium}
\]
Cash Accumulation Fund

When you enroll in Group Universal Life (GUL) insurance, Prudential sets up a cash accumulation fund account in your name. Deposits to the account are made from plan refunds and any additional amounts you choose to contribute. You may increase the balance in your fund by contributing an amount equal to one through twelve times your monthly premiums for the GUL insurance. These contributions may be made only by payroll deduction. The minimum contribution you may make is $10 per month. You may increase or decrease your contributions to this fund account at any time during the year.

- The cash accumulation fund earns interest at a rate of 4 percent.
- You may withdraw at any time. The amount must be for at least $500 or the balance of the fund if less than $500.
- Refunds of premiums are a non-taxable return of unused contributions and are automatically deposited into your cash accumulation fund.
- A 2.64% tax is withheld from each contribution before dollars are deposited in your fund.

Family Life Insurance

If you are enrolled in Group Universal Life (GUL) insurance, you may also enroll in Family Life Insurance. Family Life Insurance pays benefits to you in the event one of your enrolled family members dies from any cause.

Family members eligible for Family Life Insurance include:

- Your spouse
- Your biological or legally adopted children or stepchildren under age 26

Cost and Coverage for Your Spouse

- You may purchase Family Life Insurance on your spouse for one or two times your annual salary
- Monthly cost for each $1,000 of Family Life Insurance is based on your spouse’s age and your salary according to the table on page 26

Cost and Coverage for Children

- Each eligible child is insured for $10,000
- Cost for this coverage is 71 ½ cents per month per family

- If you are unmarried, married and enrolled in Spouse coverage, or married to another Mayo Clinic employee and both enrolled in GUL coverage, the Child Life premium is waived
Employer Paid Accidental Death and Dismemberment (AD&D)

Employer Paid AD&D coverage pays a benefit amount equal to your annual salary to your designated beneficiaries in the event of your accidental death or a percentage of the benefit for a qualified dismemberment. Mayo Clinic pays the full cost of coverage for the Employer Paid AD&D.

Voluntary Accidental Death & Dismemberment (AD&D)

In addition to your Employer Paid coverage, you may purchase up to $225,000 in Voluntary AD&D coverage. Coverage must be purchased in multiples of $10,000 or $25,000. The monthly cost is 15 cents per $10,000 of coverage. If you do not enroll when first eligible, you may enroll at any time.

Benefits Payable in the Event of Death

In the event your death is accidental, the full value of your coverage under the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled is paid to your beneficiary.

Benefits Payable in the Event of Dismemberment

If you suffer dismemberment as a result of an accident, the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled may pay you a percentage of the benefit.

**BENEFICIARIES**

It’s important to designate beneficiaries for your life insurance, 403(b)/401(k) and pension benefit plans. Your beneficiaries will receive payment of benefits provided under the plan provisions in the event of your death. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction. It’s also important to review your beneficiary elections on a regular basis to ensure they are updated as life changes. Below you will find information on how to update or designate your beneficiary for each of your Mayo Clinic benefits.

- **Life Coverage** - Log into the Employee Self Service through Lawson and select Benefits > Beneficiary and fill in your beneficiary for each coverage listed.
- **403(b)/401(k) Retirement Savings Plan** - Log on to NetBenefits through Fidelity to enter your beneficiary information in the Your Profile tab.
- **Mayo Pension Plan** – Log onto Your Pension Estimator, click on “Beneficiary Designation Form,” and select “Print” to print the form and instructions.

If you have questions regarding your life or pension beneficiary election, contact HR Connect; for your 403(b)/401(k) retirement savings plan beneficiary election, contact Fidelity Investments.
Employee Assistance Program (EAP)

When you have an issue that you or your family need some help dealing with, you are eligible for free and confidential professional support services from the Employee Assistance Program (EAP). The EAP can help you with such issues as:

- Marital and relationship problems
- Depression, stress and anxiety
- Parenting and child-related issues
- Addictions (alcohol, drugs, eating disorders and gambling)
- Grief
- Conflict (at home or work)
- Financial and legal advice/assessment

For more information about the EAP services offered at your site, see contact information below:

<table>
<thead>
<tr>
<th>Employee Location</th>
<th>EAP Service</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franciscan Healthcare</td>
<td>Internal Program</td>
<td>Call 1-800-493-3960 (toll-free)</td>
</tr>
<tr>
<td>Rochester, MN</td>
<td>Internal Program</td>
<td>Call 507-266-3330</td>
</tr>
<tr>
<td>Arizona</td>
<td>VITAL WorkLife</td>
<td>Call 1-800-383-1908 (toll-free)</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
<td>Visit <a href="http://www.VITALworklife.com">www.VITALworklife.com</a></td>
</tr>
<tr>
<td>Gold Cross</td>
<td></td>
<td>Username: Mayo Clinic   Password: Member</td>
</tr>
<tr>
<td>Mayo Clinic Health System regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Northwest Wisconsin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Southeast Minnesota</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Southwest Minnesota</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochester-based employees who live outside of the state of Minnesota</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identity Management Services

Employer-paid identity management services are provided by CyberScout. The basic package is provided at no cost to you and includes the following services:

- Proactive services and education to help you stop identity thieves
- Personal identity theft resolution services if you become a victim of identity theft
- Document recovery services in case important documents are stolen or lost in a disaster
- Credit and fraud monitoring package, which includes:
  - Annual credit bureau monitoring, report and score from TransUnion
  - Continuous scanning of millions of identity records to detect fraudulent charges

When you enroll in the basic package, you will have the option to purchase enhanced levels of monitoring for you and your spouse.

To Enroll or For More Information

You will receive an email from CyberScout via customer. customer.support@e.cyberscout.com that will contain your unique code for activating your complimentary service. You will not be asked to click on it. Take that code and visit www.idmanagementservices.com to register and activate your free monitoring.
Adoption Assistance
You are immediately eligible for the Adoption Assistance Plan, which provides financial assistance to help cover the cost of adoption. Reimbursement up to $10,000 per adoption is available for expenses such as legal and placement agency fees. The plan also provides up to $500 for the adoption of a stepchild.

Long Term Care Insurance
Employees and their family members can call Legacy Services for assistance in selecting and applying for a Long Term Care policy. Policies can provide coverage for home health care, assisted living, nursing home and other long term care expenses.

Mayo Clinic Dependent Scholarship
Dependents of eligible Mayo Clinic employees are able to apply for a scholarship that awards up to $3,000 per year for as many as four years of post-high school education. The parent must be currently employed at .8 FTE or higher by Mayo Clinic continuously for at least two years to meet eligibility requirements. Scholarships are awarded based on ACT or SAT test scores. The parent must remain in a 0.8 FTE status until awards are given.

Mayo Clinic Employee Discount Program
The Mayo Clinic Employee Discount Program offers a one-stop shop of thousands of discounts at national and local retailers, restaurants, gyms, travel, movies, hotels and more. Save money on your new car to your next lunch. Go to www.mc.perkspot.com. Create an account with your personal email address and start shopping.

Personal Insurance
Think Insurance offers voluntary Auto & Home Insurance and Group Personal Umbrella Insurance to meet you and your family’s personal insurance needs. These plans are available at a special group discounted rate and include access to professional and prompt customer service.

Professional Development Assistance Program (PDAP)
After one year of service in a benefits-eligible position, employees are eligible to apply for financial assistance for continuing education and/or certifications. Reimbursement maximums are per calendar year: $5,250 for graduate-level courses, $3,000 for undergraduate-level courses, and $300 for certifications.

Recognition
Mayo Clinic honors individual and collective achievements that contribute to our mission through various recognition events and activities. Recognition initiatives are focused on recognizing service, excellence, and quality across all of Mayo Clinic. To learn more about recognition programs at your location, visit HR Connect and search “recognition”.

30 Mayo Clinic Benefits 2017 Orientation Guide
As part of its total rewards package, Mayo Clinic offers a competitive, market-leading compensation program that supports the mission, vision and values of the organization. The program includes the opportunity for regular pay increases, as well as a commitment to reviewing and adjusting pay ranges to ensure market competitiveness.

**Example:**

An employee with a $50,000 salary receives an additional $26,923 in indirect compensation based on the benefits and services they enroll in. The employee's total compensation from Mayo Clinic would be $76,923.
Benefits Terminology

Across

2. Amount that you are responsible for each year before the plan begins to pay for covered services

3. Will receive payment of benefits in the event of your death

4. Up to the first four percent you contribute to your 403(b)/401(k) account per pay period

6. Receive an annual employer contribution to reimburse for eligible dental and vision expenses

8. Employer paid life insurance is equal to this many times your annual salary

9. Savings account available with Mayo Basic that you can contribute pre-tax dollars to for eligible health care expenses

10. Can be used as paid vacation, holiday, or personal time away from work

Down

1. Mayo Medical Plan option with a mid-range premium and mid-range deductible

5. Mayo Clinic ______ Solutions, the third-party claims administrator for the health and reimbursement plans

7. Employer sponsored plan that provides a benefit to you upon retirement based on service and pay

Your ID Numbers

My Mayo Clinic Employee ID number is: ____________________________

My 6 digit PIN for HR Connect is: _______________________

Please keep this reference page in a secure location with your personal information

Important Phone Numbers and Other Resources:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
<th>Websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avesis</td>
<td>1-800-828-9341</td>
<td><a href="http://www.avesis.com">www.avesis.com</a></td>
</tr>
<tr>
<td>Benefits University Classes</td>
<td>From the For You page, search “Benefits University”</td>
<td></td>
</tr>
<tr>
<td>CyberScout</td>
<td>1-866-989-3170</td>
<td><a href="http://www.idmanagementservices.com">www.idmanagementservices.com</a></td>
</tr>
<tr>
<td>Delta Dental of Minnesota</td>
<td>1-800-448-3815</td>
<td><a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a></td>
</tr>
<tr>
<td>Fidelity Personal Investments</td>
<td>1-800-343-0860</td>
<td><a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a></td>
</tr>
<tr>
<td>Health Savings Account or 403(b)/401(k) account or Financial Engines</td>
<td></td>
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<tr>
<td>Financial Engines</td>
<td>1-800-601-5957</td>
<td></td>
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<tr>
<td>HR Connect</td>
<td>507-266-0440 or 1-888-266-0440 (toll-free)</td>
<td>visit employee portal at mayoemployees.org</td>
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<tr>
<td></td>
<td></td>
<td>click on HR Connect Link</td>
</tr>
<tr>
<td>Legacy Services</td>
<td>1-800-230-3398 ext. 101</td>
<td><a href="http://www.servilink1.net/legacyltc">www.servilink1.net/legacyltc</a></td>
</tr>
<tr>
<td>Mayo Clinic Health Solutions</td>
<td>507-266-5580 or 1-800-635-6671 (toll-free)</td>
<td>MayoClinicHealthSolutions.com</td>
</tr>
<tr>
<td>(Medical claims, MRA, Prescription claims and FSA balances)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prudential</td>
<td>1-844-656-MAYO (6296)</td>
<td>mybenefits.prudential.com</td>
</tr>
<tr>
<td>Think Insurance</td>
<td>507-285-3111 or 1-800-443-6316</td>
<td>thinkbank.com</td>
</tr>
</tbody>
</table>

Legal Summary

This is a high-level summary of certain Mayo Clinic benefits. The summary may or may not be applicable to union employees. It is intended for general information purposes only and should not be considered legal, investment or other benefits advice. This summary is not a legal Summary Plan Description or plan document. If there is a conflict with this information and an official plan document, the official plan document is controlling. Mayo Clinic reserves the right to terminate or amend the Plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, current and future retirees, covered spouses, beneficiaries and dependents. Please refer to the Summary Plan Description for eligibility requirements for each plan as certain employment categories may or may not be included in coverage.
If there are any inconsistencies between this document and the plan document, the plan document is the document that will be relied upon for plan administration and is the document that governs the benefits available.